



Last Updated: 03/09/2022

Exceptional Supports Reimbursement Rate — Effective November 1, 2014

The purpose of this memorandum is to notify providers of CRS for the Medicaid ID Waiver of the availability of a 25% higher rate (exceptional supports rate) for qualifying individuals who will reside or currently reside in congregate residential settings. The Department of Behavioral Health and Developmental Services (DBHDS) is the state agency responsible for the day-to-day operations of the ID Waiver and will coordinate the application and approval process for the exceptional supports rate according to regulations defined in 12VAC30-120-1000 (Definitions); 12VAC30-120-1012 (Exceptional Level of Supports); 12VAC30-120-1062 (Provider Requirements); and, 12VAC30-1072 (Reimbursement). The effective date is November 1, 2014.

The 2013 *Acts of the Assembly*, Chapter 806, Item 307 BBBB directed the DMAS to establish a 25% higher reimbursement rate within the ID Waiver for individuals with complex medical or behavioral needs who were residing in an institution and were unable to transfer to integrated settings such as congregate residential settings, in the community due to needs for exceptional support services which could not be provided under the then existing rates. Individuals who are residing in the community and who have medical or behavioral needs which present imminent risk of institutionalization may also qualify for this rate.

To expedite access to the exceptional rate, the Virginia Regulatory Town Hall website is shown below for CRS providers and community services board (CSB)/training center staff to review the regulation that defines the individual eligibility criteria and provider qualifications:

<http://townhall.virginia.gov/L/NowInProgress.cfm>

The following information:

- “Exceptional Rate Application for Providers” form;



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- A flowchart that describes the steps to become a provider of exceptional supports and seek authorization for these supports for an individual;
- The “Individual Exceptional Supports Request Check Sheet,” that is submitted as a part of the required documentation for an individual service authorization of the rate for exceptional supports; may all be downloaded from:

<http://www.dbhds.virginia.gov> under “Developmental Disability Services.”

The table below shows the national code, location, modifier, code description and rates:

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National Code	Location	Modifier	Code Description	Rates
97535	Northern Virginia (NOVA)	U1	Congregate Residential - Exceptional Support	\$21.70
97535	Rest of State (ROS)	U1	Congregate Residential - Exceptional Support	\$18.88

The Medicaid exceptional supports rate for Northern Virginia (NOVA) and the Rest of State (ROS) can be accessed using the path shown below:

Rates are available at the DMAS website www.dmas.virginia.gov. Click on Provider Services - Rate Setting Information - Waiver Rates - Intellectual Disability.

General Questions Regarding Exceptional Rate:



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Frequently asked questions (FAQs) related to the eligibility and implementation of the exceptional rate are available on the DBHDS website. Go to: www.dbhds.virginia.gov and click on Individuals and Families, then click on Developmental Disabilities Services. General inquiries about the ID Waiver Exceptional Supports Rate for Congregate Residential Services should be directed to Ms. Dawn Traver, Waiver Operations Director, 757-253-4316 or Dawn.Traver@DBHDS.virginia.gov.



COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.



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<https://dmas.virginia.gov>

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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-
state long distance 1-800-552-8627 All other
areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.